

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/81379

FILING DATE
08-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3	✓					
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TOTAL IND.	4	1		1		1
TOTAL DEP.	4	1	1	1	1	1
TOTAL CLAIMS	8					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

BEST AVAILABLE COPY